



Airborne
Est 1910

Reseller Enquiry Form

Thank you for your interest in Airborne Honey. Selecting the best agent, distributor, merchandiser or seller of our Airborne honey range is very important to us. Please take a moment to complete the following details and send the form back to us. * = Compulsory Fields

Which Country do you want to import our products into?*

Contact information

First (Given) Name:*

Last (Family) Name:*

Position:

Company Name:*

Division/Department:

Email Address:*

Mailing Address Line 1:*

Town/City:*

State/Province:

Country:*

Phone Number:*

Mobile Ph:

Fax:

Website Address:

Your Company Details

Type of Business:*

- Limited Company
- Partnership
- Sole Trader
- Individual

Year of Registration:*

Company Registration Number: _____

Company Details (Cont'd)

Bank:* _____

Branch: _____ Telephone: _____

Annual Turnover: \$ _____

Staff Numbers: _____

Business Experience:*

Describe the opportunity you have for Airborne Honey in your region:

Retail outlets you supply who are interested in selling Airborne Honey:

Your current distribution region/s: City(s): _____

Province: _____

What experience have you had introducing a new product line in your region and creating customer awareness:

What products do you currently distribute to retailers:

Please provide two commercial references that you buy from. *

Company 1 : _____

Phone Number: _____ Contact Name: _____

Company 2 : _____

Phone Number: _____ Contact Name: _____

Terms of Trade

Samples: To be paid for before dispatch by courier

Minimum orders: 1 pallet LCL per shipment

Payment terms: Telegraphic Transfer before shipment.

Acknowledgement*

Full Name: _____ Position: _____

Signature: _____ Date: _____